State: District of Columbia Filing Company: Mutual of Omaha Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: Medicare Supplement Advertising - 458161 **Project Name/Number:** Medicare Supplement Advertising/458161

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: Medicare Supplement Advertising - 458161

State: District of Columbia

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

Sub-TOI: MS08I.012 Multi-Plan 2010

Filing Type: Form

Date Submitted: 12/13/2019

SERFF Tr Num: MUTM-132189483

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: SHELLY KAIPUST

Implementation

Date Requested:

Author(s): Shelly Kaipust

Reviewer(s): Colin Johnson (primary), RaShaunda Benson

Disposition Date: Disposition Status: Implementation Date: SERFF Tracking #: MUTM-132189483 State Tracking #:

Company Tracking #: SHELLY KAIPUST

State: District of Columbia Filing Company: Mutual of Omaha Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: Medicare Supplement Advertising - 458161 **Project Name/Number:** Medicare Supplement Advertising/458161

General Information

Project Name: Medicare Supplement Advertising

Project Number: 458161

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 12/17/2019

State Status Changed:

Deemer Date: Created By: Shelly Kaipust

Submitted By: Shelly Kaipust Corresponding Filing Tracking Number:

Filing Description:

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Company and Contact

Filing Contact Information

Melanie Worth, Product & Advertising melanie.worth@mutualofomaha.com

Compliance Analyst

Mutual of Omaha 402-351-4260 [Phone] Mutual of Omaha Plaza 402-351-5298 [FAX]

Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance CoCode: 71412 State of Domicile: Nebraska Company Group Code: 261 Company Type: Health

3300 Mutual of Omaha Plaza Group Name: Insurance

Omaha, NE 68175 FEIN Number: 47-0246511 State ID Number:

(402) 351-2645 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: MUTM-132189483 State Tracking #: Company Tracking #: SHELLY KAIPUST

State: District of Columbia Filing Company: Mutual of Omaha Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name:Medicare Supplement Advertising - 458161Project Name/Number:Medicare Supplement Advertising/458161

Form Schedule

Lead Form Number: 458161									
Item	Schedule Item	Form	Form	Form	Form	Action Specific	Readability		
No.	Status	Name	Number	Type	Action	Data	Score	Attachments	
1		Social Media	458161	ADV	Initial			458161 - Discounts (Final).pdf	

Form Type Legend:

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ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	ОТН	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

ASSOCIATED COPY:

Your Medicare supplement insurance policy now gives you more, including discounts on products on products and services to help you achieve your best health. Contact me today to learn about the Mutually Well health and wellness program.

Mutually Well Disclosures: https://www.mutuallywell.com/mutual-of-omaha-terms Medicare Supplement Disclosures:

https://www.mutualofomaha.com/disclosure/medicare-supplement-insurance/social-ads



SERFF Tracking #: MUTM-132189483 State Tracking #: Company Tracking #: SHELLY KAIPUST

State: District of Columbia Filing Company: Mutual of Omaha Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name:Medicare Supplement Advertising - 458161Project Name/Number:Medicare Supplement Advertising/458161

Supporting Document Schedules

Satisfied - Item:	Memo of Variability
Comments:	
Attachment(s):	458161 (MOV).pdf
Item Status:	
Status Date:	

VARIABLE MATERIAL FOR ADVERTISING FORM 458161

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section	Explanation
[Underwritten by	In DC, GA, HI, KS, MT, OH, PA, RI, VA, WY this will be shown:
Mutual of Omaha Insurance	 Underwritten by
Company]	Mutual of Omaha Insurance Company
7. 7.	In CO, ME, NM this will be shown:
	 Underwritten by
	United of Omaha Life Insurance Company
	A Mutual of Omaha Company
	In AL, AR, AZ, DE, LA, MO, NJ, ND, OK, OR, SD this will be shown:
	Underwritten by
	Omaha Insurance Company
	A Mutual of Omaha Company
	In IL, IN, IA, KY, MI, MS, NE, NV, NC, SC, TN, WV, WI this will be shown:
	Underwritten by
	United World Life Insurance Company
	A Mutual of Omaha Company

PLEASE NOTE: The variable sections of this form are set-up by the Home Office to assure that the correct information is printed. The final form will not contain brackets denoting variable data;

The use of variable data will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination;

The variable data included in this statement will be used on referenced forms and; Any changes to variable data will be submitted prior to implementation.